



Application of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008-123-T

) If this is your first time filing an application with the PSC, you will not
) have a Docket Number. The Commission will assign one to you. If you
) have filed with the Commission before, a Docket Number was assigned
) and should be entered above.

(Please type or print)

Submitted by: SOUTH CAROLINA-Go-TAXI
Address: 335 Greer St.
MT. PLEASANT SC 29464

Telephone: (843) 870-7078
Fax: NONE
Other: (843) 856-8672
Email: NONE

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SOUTH CAROLINA 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - TAXIDATE Feb 14, 20 08**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Nathaniel Murrell aka

1. Name under which business is to be conducted (corporation, partnership or sole proprietorship, with or without trade name.)

SOUTH CAROLINA - GO - TAXI

S.C. - Go Taxi Cab

2. (a) Street Address of Applicant 335 Green Street

Mt. Pleasant, SC 29464

- (b) Mailing address, if different from street address Same

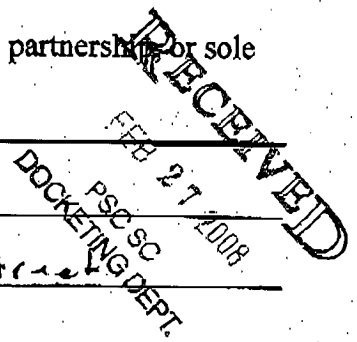
- (c) Telephone Number 843-870-7078 Fed. 1

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.



Handwritten initials/signature

Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: Feb Year: 2008

Assets:	
Cash	2,000.00
Receivables	0
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	10,000.00
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	12,000.00
Liabilities and Equity:	
Accounts Payable	300.00
Notes Payable	88.00
Mortgages Payable	500.00
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	888.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103 100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Charleston

I, Nathaniel Murrell Owner
(Name of Applicant's Representative) (Title)

of S.C. Taxi Cab the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Charleston, SC

This the 14 day of Feb 2008

Marie Ellinger
(Notary Public)

Nathaniel Murrell
(Signature of Applicant's Representative)

Commission Expires: 04-5-17

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant S. C. - Go Taxi Cab

For the transportation of passengers as follows:

Area to be served: statewideNumber of passengers: 15Fares: List AttachedDate Feb. 14, 2008Nathaniel Murrell
ByOwner
Title

**1. THE AIRPORT IS ALL
DESTINATIONS WITHIN THE
BOUNDARY**

Image Not
Available

LINES:

2. BOUNDARY LINES:

- a. International Boulevard to South Aviation
- b. South Aviation to Aviation Avenue
- c. Aviation Avenue to Rivers Avenue
- d. Rivers Avenue to Montague Avenue
- e. Montague Avenue to the Ashley River
- f. The Ashley River to the AFB/Hunley Park

**3. THE AIRPORT AREA
INCLUDES:**

- a. General Aviation operation
- b. Sheraton Hotel on Goer Drive
- c. Super 8 Motel at I-526 and Dorchester Road

**APPROXIMATE FARE FOR ONE OR TWO PASSENGERS
BASED ON \$2.25 PER MILE**

DESTINATION	NUMBER OF MILES	Flat Rate Fare
DOWNTOWN CHARLESTON		
		\$ 26.00
The Citadel	11.5	
		\$ 26.00
Trident Palmer Campus	11.5	
		\$ 26.00
Francis Marion Hotel	12.0	
		\$ 26.00
Charleston Place	12.4	
		\$ 26.00
South Carolina Aquarium	12.4	
		\$ 26.00
Corner of King and Broad	13.4	
WEST ASHLEY		
Citadel Mall	7.4	\$ 22.00

S. C. - Go Taxi Cab
Flat Rate 02/14/08

Non-Metered Zone Rates

- A.** The rate is \$2.25 per loaded mile with no additional charge for the first two passengers. For each passenger in excess of two, a fee of \$12.00 per passenger per trip will be charged.
- B.** The shuttle rate for Peninsular Charleston is \$12.00 per passenger.
- C.** The fixed rate for the Airport vicinity is \$9.00 per passenger, not to exceed \$27.00 per trip.
- D.** No charge for babes-in-arms.

Northbridge Piggly Wiggly	8.6	\$ 22.00
Church Creek Drive	9.0	\$ 29.00
St. Andrews Shopping Center	10.3	\$ 29.00
Wesley Drive	11.3	\$ 29.00
Middleton Place	17.7	\$40.00

JAMES ISLAND

Wappoo Bridge	12.3	\$40.00
Harris Teeter, Folly Road	13.8	\$ 27.00
Ft. Johnson Road	17.1	\$ 30.00
Oak Island Drive	19.3	\$ 38.00
Folly Beach	20.3	\$ 45.00

NORTH AREA

Hanahan	4.3	\$ 16.00
Greyhound Bus Station		
	5.7	\$10.00
	9.1	\$15.00
AFB Terminal To Greyhound		
Northwoods Mall	7.1	\$ 18.00

		\$ 22.00
Otranto	9.0	

		\$ 28.00
Trident Hospital	10.7	

GOOSE CREEK

		\$ 28.00
Goose Creek	11.1	

		\$ 28.00
Piggly Wiggly, Goose Creek	12.8	

		\$ 31.00
Piggly Wiggly, College Park Rd	12.5	

SUMMERVILLE

		\$ 36.00
City Limits	18.9	

MONCKS CORNER

		\$ 55.00
City Limits	26.6	

KNIGHTSVILLE

		\$ 43.00
Dorchester County Airport	22.5	

JOHNS ISLAND

		\$ 28.00
Buzzard's Roost Marina	14.6	

		\$ 38.00
Piggly Wiggly	18.5	

(River Road and Bohicket)

		\$ 45.00
Fiddleheads (formerly Heyward's)	25.4	

Seabrook Island	30.0	\$ 70.00
Kiawah Island	29.0	\$ 70.00
EAST COOPER		
Holiday Inn	13.3	\$ 35.00
Mt. Pleasant Village Library	15.1	\$ 35.00
East Cooper Hospital	16.2	\$35.00
Coleman and Ben Sawyer	17.1	\$ 35.00
Isle of Palms	19.9	\$ 55.00
East Cooper Airport	23.4	\$ 39.00
Wild Dunes Resort	23.5	\$ 55.00

NOTE: Flat is based on \$2.25 per mile and includes up to two passengers. Additional passengers are \$12.00 per passenger per trip.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
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1999 GMC Suburban #36NECT6R9XG208368 4825 9 Passengers

* Seats if passenger carrier. 9

Nathaniel Murrell
(Applicant)

Date: 2-14-08

NATHANIEL L MURRELL
(Applicant's Representative)

OWNER
(Title)

INSURANCE QUOTE

The following insurance quote is for: SOUTH CAROLINA - GO - TAXI

S.C. - Go Taxi Cab

(Name of Motor Carrier)

335 Greer St. Mt. Pleasant, SC 29464

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 85,700.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

National Casualty Company

(Insurance Company Name)

8877 North Gaiety Center Dr. Scottsdale, AZ

(Home Office Address of Company)

85258

familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2-14-08

Date

[Signature]

(Authorized Insurance Company Representative)

Rev 5/07

PRODUCER

COMPREHENSIVE INS. AGENCY
P.O. BOX 21135
CHARLESTON SC 29413
843-577-0052

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

S. C. GO TAXI CAB
335 GREER STREET
MT. PLEASANT SC 29464

INSURER A: NATIONAL CASUALTY CO.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
				MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$
				GENERAL AGGREGATE \$
				PRODUCTS - COMP/OP AGG \$
GEN'L AGGREGATE LIMIT APPLIES PER:				
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				
<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$ \$100,000
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/> SCHEDULED AUTOS	#CA00212777	09/13/2007	09/13/2008	BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> NON-OWNED AUTOS				
GARAGE LIABILITY				
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN EA ACC \$
				AUTO ONLY: AGG \$
EXCESS LIABILITY				
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
				AGGREGATE \$
				\$
				\$
				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
				WC STATUTORY LIMITS OTH-ER
				E.L. EACH ACCIDENT \$
				E.L. DISEASE - EA EMPLOYEE \$
				E.L. DISEASE - POLICY LIMIT \$
OTHER				
	#CA0021277	09/13/2007	09/13/2008	UM/UM VALUE \$75,000
				DEDUCTIBLES \$8,000
				\$500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

1999 GMC SUBURBAN #3GNEC16R9XG208268

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

INSURED

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE